

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, ASB Tower Suite 970 Honolulu, Hawaii 96813 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT											
		(This report cover	s the p	period from June 1 of the preceding calendar year through	h June	1 of this year a	and is	due on June 30,)		
NAME: Vincent H.S. Lee					STATE POSITION: Oahu Regional CEO						
STATE AGENCY: Leahi Hospital						STATE TEL. NO.: 733-7922					
STA	STATE MAILING ADDRESS: 3675 Kilauea Avenue, Honolulu, HI 96816										
1	DONOR		2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE	
		No gifts received	fron	June 1, 2005 to June 1, 2006.							
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					·			RECEIVED BY U	S. MAR	1	

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	Check here	if you	have attached	additional	l sheets.	
CERT	IFICATION:	I here	hy certify that	the above	is a true	^

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

June 30, 2006

SIGNATURE

DATE